

# "Speak up" project for patient safety, golden jubilee medical center

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## Abstract

Medical errors are the third-leading cause of death after heart disease and cancer, being preventable for quality healthcare, safety, and cost-effectiveness. Therefore, healthcare processes need a multi-professional team, especially a care receiver who owns expertise in his disease or illness. From the study that the Joint Commission and Centers for Medicare & Medicaid Services have realized the importance so that they set up a Speak Up program for patient encouragement to be assertive in asking care providers, leading to health care improvement and planning in response to needs, including information resources and answers for any question or concern of the patient. Golden Jubilee Medical Center started the Speak Up program about three years ago, providing information on patients admitted to the inpatient department. It was found to be useful but still lacking concrete and empirical evaluation. This research is a preliminary report of the Speak Up project as a part of the care process improvement. This study aims to 1) develop the Speak Up program model in the inpatient department and 2) support medical error reduction by the program. The study comprises 2 phases: firstly, contact the copyright owner of the assessment form to approve the translated version. Secondly, to recruit participants in the inpatient departments during February - October 2019, totaling 51 patients. The assessment form consists of 19 questions and four in-depth interviews; the hotline telephone number was provided for feedback about the patients' concerns or observations during their stays. The data were analyzed by percentage (%), medians, and standard deviations (S.D.). The study found 51 participating patients to be 2% hospitalized, aged between 28-81 years (median 62). Almost all (92.1%) had the knowledge and understood the program objectives; everyone spoke up at least once. Medication error incidence was zero, while complaint rates were none. Although this research is a pilot study of the Speak Up project as a part of the care process improvement at Golden Jubilee Medical Center, it seemed that patient participation was effective in terms of medication error and service complaints. The authors planned to extend to hand hygiene and infection prevention.

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## I. INTRODUCTION

Medical errors are the third leading cause of death next to heart disease and cancer. An 8-year study at Johns Hopkins University reported in BMJ, the mortality rate from medical errors in American people to be 250,000 per year or over 9.5% of the population [1, 2]. An Institute for Healthcare Improvement (IHI)/NPSF survey revealed a quarter of American adults (approximately 60 million) disclosed a medical error experience of either self or others, which was preventable. Another study found that American people have not realised any improvement in patient safety during

the past 5 years [3, 4]. Healthcare traditionally is led by a doctor who makes a sole decision on treatment plan; in addition, due to social status and respect culture [5] especially in oriental countries, paternalism predominates [6]: patients are child-like obedient, trust and barely deny. Nowadays the world and practice have greatly changed. Since medical errors are preventable and during the recent 10 years after the article in "To Err is Human: Building a Safer health System [7]", healthcare has developed various measures to safeguard patients. It is well accepted that human error is so unavoidable that medical personnel should

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learn to recognize in every clinical practice. Besides, diseases become more complex amidst a paradigm shift to the elderly society where happen co-existing and new emerging diseases which require current medical knowledge and state-of-the-art technology. Nowadays healthcare needs a contribution of interprofessional expertise and being a patient, he himself is an expert for his own illness, therefore he should be one in the team.

WHO emphasizes teamwork as Inter-Professional Collaborative Practice (IPCP) in which each member contributes his expertise for the best clinical decision [8, 9] in addressing complex patients. The trend is apparently exemplary in more patient participation in their own personal records [5], including the global Speak Up™ program promoted by the Joint Commission and Centers for Medicare & Medicaid Services [10]. Medical staff will be questioned about hand hygiene before patient contact, what kind of drugs being administered and for what, etc [11]. Before admission, patients will be informed about their rights, encouraged to question any treatment to them and given resources for skill practice in communicating with care providers [12]. Questioning and communicating by patients more or less lead to their safety, since their participation in the care plan and decision making evidently helps improve safe healthcare [13, 14].

Golden Jubilee Medical Center, Faculty of Medicine, Siriraj Hospital started Speak Up Program over 3 years; the admission center informs and advises but lacks measurement. This study objectives then are 1) to have a working model of Speak Up Program 2) to contribute evidence that the pro-

gram could lessen medical errors.

## II. METHODS

The study under IRB approval (no. 624/2561(EC3)) used mixed methods in data collection. Patients who participated were informed and signed consent with their rights to withdraw at any time. Medical records were kept confidentially and would be presented in an overall result.

Participants were adults, aged over 18 years, scheduled for admission as elective cases and literate in the Thai language. Patients with co-existing diseases which could impact perception assessment like dementia and whose admission is less than 72 hours were excluded. Recruitment was by posters at the admission center and inpatient units; data were collected during February-October 2019.

Two phases comprised firstly the development of the patient participation assessment form and secondly the subject study. The former included reviewing literature and relevant journals, contact the copyright owner of the assessment form, patient focus group [11] and 2-language translation for the owner's approval. The instrument development to collect data consisted of 5, 14 and 4 questions about hospitalization, satisfaction and in depth focus group respectively, totalling 23 questions. The second phase was data collection on patients who were admitted over 72 hours by questionnaire, interview and observation at wards if they spoke up, what topic and hotline talk as reflected in Figure 1. Data were reported as percentage, median and content analysis in terms of data organization, alignment with research objectives, research concept, summarization, interpretation and result verification.

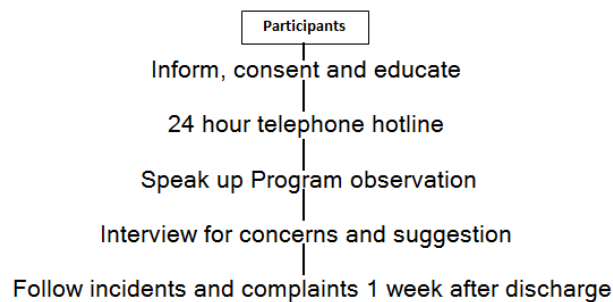


Fig. 1. Flow of data collection

## III. RESULTS

The data analysis was divided into 3 parts.

### A. Part 1: General Data

51 patients (2% all admitted) Age 28-81 years old, median 62 years Female 37 (67.72%): Male 18 (32.73%).

### B. Part 2: Participation Evaluation and Satisfaction

- 31.4% (16/51) were informed about disease and treatment, but not understood. 68.6% (35/51) were informed and well understood.

- 58.8% (30/51) were given lab reports and well understood. 33.3% (17/51) were given lab reports but rather not understood. 2% (1/51) were not given lab reports. 5.9%

(3/51) were without investigation.

- 92.2% (47/51) were explained about surgery and well understood. 7.8% (4/51) were explained but rather not understood.

- 90.2% (46/51) acquainted and knew names of physicians-

in-charge. 7.8% (4/51) acquainted but not knew names. 2% (1/55) not at all.

- 96.1% (49/51) pre-discharge educated and well understood. 3.9% (2/51) pre-discharge educated but rather not understood. As reflected in Table 1.

TABLE 1  
PARTICIPATION EVALUATION BY PATIENT FOCUS GROUP (N = 51)

Items	%
1. Have you been given details about your disease or treatment?	-
No	0
- Yes but rather not understood	31.4
- Yes and well understood	68.62
2. Have you got reports of blood exam, urinalysis and X-ray?	-
No	2.0
- Yes but rather not understood	33.3
- Yes and well understood	58.8
- No report at all	5.9
3. Have you been explained reason and detail about surgery?	-
No	0
- Yes but rather not understood	7.8
- Yes and well understood	92.2
4. Did you know who is your physician-in-charge?	-
No	2.0
- Yes but not knew the name	7.8
- Yes and knew the name	90.2
5. Have you been advice how to self-care before discharge?	-
No	0
- Yes but rather not understood	3.9
- Yes and well understood	96.1

Satisfaction evaluation by focus group questions, as reflected in Table 2, found that nurses had compassionate care and were encouraging; response to problems of medical

personnel, how they behaved and chance for patient participation scored high.

TABLE 2  
SATISFACTION EVALUATION BY PATIENT FOCUS GROUP QUESTIONS (N = 51)

Items Satisfaction level	Median	Range
Response of physicians when you had a problem	2 2-3	Very much
Physicians' behavior	2 1-2	Very much
Response of nurses when you had a problem	2 1-2	Very much
Nurses' compassionate care	1 1-2	Most
Information given before nursing	2 1-3	Very much
Chance to ventilate with nurses	2 2-3	Very much
Patient participation in care	2 1-2	Very much

### C. Part 3: In-Depth Interview

showed that participants had the knowledge and understood the program objectives 92.1% (47/51) but some said that “not sure what could be asked, being considerate and afraid that medical staff were tired of clarification”. The patients in the program did speak up once as advised in the brochure 100%: concerning treatment, physical examination, investigation reports including self-care during hospitalization and at home, especially medications. Throughout the admission period, there was no complaint via hotline, nor medication incident.

### IV. DISCUSSION AND CONCLUSION

Despite this pilot study of Speak Up Program pertaining caring process at Golden Jubilee Medical Center, it supported that patient participation impacted safety in the hospital both incidents and complaints, in accordance with the notion that medical personnel if early anticipate especially

[15, 16] by Speak Up from the patients, they would better recognize risks and patient safety [17, 18]. It also found the relationship between Speak Up behavior and patient safety outcomes. According to the concept of collaborative work with patients as a health team IPCP to communicate with each other. Which is good for patient care resulting in holistic care for patients [9, 19, 20, 21]. Lessening complaints of services because health care professional may focus on treatment rather than other aspects of a patient’s concern, which may lead to dissatisfaction. The effective health care communication between care providers and patient by Speak Up from the patients needing health care is well established [22].

This study did not find any impact on clinical incidents and overall complaints of the hospital, probably because the sample size was not big enough to reflect any key quality issue. We would extend tracking processes to cover medication and hand hygiene prior to patient contact.

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